


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90019 028 \*\*\*150.00

**DOCUMENT # J03234**  
 1. Entity Name  
**C.D. ORR ENTERPRISES, INC.**



Principal Place of Business  
**24 N. BLVD OF PRESIDENTS SARASOTA FL 34236 US**

Mailing Address  
**24 N. BLVD OF PRESIDENTS SARASOTA FL 34236 US**

2. Principal Place of Business  
**5943 Factory Shoppers Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4892 Carrington Circle**  
 Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State  
**Ellenton FL**

City & State  
**Sarasota FL**

4. FEI Number **59-2645106** Applied For  
 Not Applicable

Zip **34222** Country **Manatte**

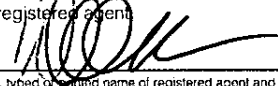
Zip **34243** Country **Sarasota**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ORR, DONALD**  
**24 N. BLVD OF PRESIDENTS**  
**SARASOTA FL 34236**

7. Name and Address of New Registered Agent  
 Name **ORR Donald**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4892 Carrington Circle**  
 City **Sarasota** **FL** Zip Code **34243**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Donald Orr** DATE **3-16-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ORR, DONALD 24 N. BLVD OF PRESIDENTS SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Donald Orr** Date **3-16-04** Daytime Phone # **941-388-2099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR